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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/519,343
Filing Date	12/24/2004
First Named Inventor	PAN, Ge
Art Unit	
Examiner Name	
Attorney Docket Number	AGPCT040387-DW

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

51945

OR

Firm or
Individual Name

Address

City

Country

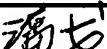
Telephone

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name PAN, Ge

Date 07/13/2006

Telephone 626-780-9419

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035
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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/519,343
Filing Date	12/24/2004
First Named Inventor	PAN, Ge
Title	Hanging Glass Vacuum Solar Heat ...
Art Unit	
Examiner Name	
Attorney Docket Number	AGPCT040387-DW

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

51945

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

51945

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Anna Wu	
Address	PO Box 93286		
City	City of Industry	State	CA
Country	USA		
Telephone	626-780-9419	Email	646-365-4418

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	07/13/2006
Name	PAN, Ge	Telephone	626-780-9419
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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